

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002368

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. 5674 Registrar's No. 15

STATE FILE NUMBER

FILED FEB 4 1963

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) Snow Hill		c. CITY OR TOWN Troy, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR OWN Home, Troy, Mo.		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 3 Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Norma Dorothea Robertson			4. DATE OF DEATH FEB. 4, 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/9/28	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Charles Lorenz		13b. MOTHER'S MAIDEN NAME Evelyn Keller	
14. NAME OF HUSBAND OR WIFE Thomas Robertson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Husband		Address Troy, Mo.		Interval between onset and death 12 min	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) G-3W. RT BREAST. 22 CAL. RIFLE		DUE TO (b) SELF-INFLICTED	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUBJECT LAID ON BED & SHOT	
20c. TIME OF INJURY Hour 4:30 PM Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION ST. LOUIS COUNTY MO.	

21. I attended the deceased from **4:30 PM** to **4:30 PM** and last saw her alive on **4:30 PM**.
Death occurred at **4:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE (Degree or title) Joseph J. March Jr. Coroner		22b. ADDRESS TROY, MO		22c. DATE SIGNED 2/1/63	
23. BURIAL, CREMATION, REMOVAL (Specify) RENT BURIAL		23a. DATE FEB-4-1963		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24. FUNERAL DIRECTOR WHITE FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 2-1-1963		26. REGISTRAR'S SIGNATURE Charlotte Leek	
ADDRESS 118 N. FLORISSANT AVE. ST. LOUIS, MO.		27. LOCATION (City, town, or county) ST. LOUIS COUNTY MO.		28. REGISTRAR'S SIGNATURE Charlotte Leek	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10570
20570
3
4 1
5 1
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7 0
8 2
9976X
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11
1290-3
131-0

FEB 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. K. Lehmann

Licensed Embalmer No. 3395

P. O. Address Berkeley 34, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.